

1996

OMB #: 0586-0014

Expires: October 31, 1996

WHAT WE EAT IN AMERICA: 1994-1996

HOUSEHOLD QUESTIONNAIRE

PLACE CASE LABEL HERE

INTERVIEWER NAME: _____

____|____|____|____| AM 1
TIME STARTED PM 2

INTERVIEWER ID: ____|____|____|

DATE OF INTERVIEW: ____|____| - ____|____| - 19|____|____|
MO DA YR

____|____|____|____| AM 1
TIME ENDED PM 2

RESPONDENT'S FIRST NAME: _____

LINE LETTER: ____|

CHECK SCREENER. WAS
Q14 ANSWERED "MORE" OR
"LESS"?

YES 1
NO 2

[COPY ANSWER INTO
BOX 5, PG. 13]

FOR HOME OFFICE USE ONLY

DATE RECEIVED: _____

VERIFIER ID: _____

MC: ____ YES ____ NO

BATCH #: _____

Conducted for the United States Department of Agriculture
by Westat Inc., Rockville, MD

TIME STARTED _____ AM
PM

HOUSEHOLD QUESTIONNAIRE

1. Let's begin by talking about the general food shopping practice of this household. On the average, how often does someone do a major food shopping for this household? Would you say . . .

more than once a week, 1
once a week, 2
once every two weeks, 3
once a month or less, or 4
never? 5 (Q3)

2. In what kind of store is this major food shopping usually done? Is it . . .

a supermarket, 1
a small store, or 2
someplace else? (SPECIFY) 3

_____ [][]

3. During the last three months, how much money has this household spent per week or per month at grocery stores, including the stores' salad bars, soup bars, delis, etc.? Include purchases made with food stamps.

\$|_|_|_|_|_|_|_|.00 PER WEEK 1
OR
\$|_|_|_|_|_|_|_|.00 PER MONTH 2

4. You said this household spent (AMOUNT IN Q3) per (week/month). About how much of this amount, if any, was for nonfood items, such as cleaning or paper products, food bought for feeding a pet, or cigarettes? (IF NONE, ENTER "0".)

\$|_|_|_|_|_|_|_|.00 PER WEEK 1
OR
\$|_|_|_|_|_|_|_|.00 PER MONTH 2

5. During the last three months, how much has this household spent per week or per month on food at specialty stores – such as bakeries, liquor stores, delicatessens, meat markets, vegetable stands, health food stores, and other similar places – when the food was brought into your home? (IF NONE, ENTER "0".)

\$|_|_|_|_|_|_|_|.00 PER WEEK 1
OR
\$|_|_|_|_|_|_|_|.00 PER MONTH 2

6. During the last three months, how much has this household spent per week or per month at fast food or carryout places when the food was brought into your home? (IF NONE, ENTER "0".)

\$|_|_|_|_|_|_|_|.00 PER WEEK 1
OR
\$|_|_|_|_|_|_|_|.00 PER MONTH 2

7. During the last three months, what has been this household's usual amount of money spent per week or per month for food bought and eaten away from home? Include food and beverages that never entered your home, that is, eaten at restaurants, fast food places, cafeterias at work or at school or purchased from vending machines, for all household members. (IF NONE, ENTER "0".)

\$|_|_|_|_|_|_|_|_|_|_|.00 PER WEEK 1

OR

\$|_|_|_|_|_|_|_|_|_|_|.00 PER MONTH 2

Now I have a few questions about the persons who live in this household.

BOX A

CHECK SCREENER. IS THERE:

NO FEMALE ADULT IN HOUSEHOLD? 1 (CIRCLE CODE 2 IN Q8)

1 FEMALE ADULT IN HOUSEHOLD? 2 (CONFIRM & RECORD
FIRST NAME AND LINE
LETTER FROM
SCREENER IN Q8)

MORE THAN 1 FEMALE ADULT IN
HOUSEHOLD? 3 (Q8)

8. Who is the female head of household? (RECORD FIRST NAME AND LINE LETTER FROM SCREENER)
(IF NECESSARY, SAY: For the purposes of this survey, the female head of household is the woman who other household members think of as being in charge of household matters, that is, the woman of the house.)

FEMALE HEAD NAME: _____ LINE LETTER: |_|

NO FEMALE HEAD2

BOX B

CHECK SCREENER. IS THERE:

NO MALE ADULT IN HOUSEHOLD? 1 (CIRCLE CODE 2 IN Q9)

1 MALE ADULT IN HOUSEHOLD? 2 (CONFIRM & RECORD
FIRST NAME AND LINE
LETTER FROM
SCREENER IN Q9)

MORE THAN 1 MALE ADULT IN
HOUSEHOLD? 3 (Q9)

9. Who is the male head of household? (RECORD FIRST NAME AND LINE LETTER FROM SCREENER)

MALE HEAD NAME: _____ LINE LETTER: |_|

NO MALE HEAD2

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BOX C

RECORD FIRST NAME(S) AND LINE LETTER(S) OF ALL HOUSEHOLD MEMBERS WHO ARE 15 YEARS OF AGE OR OLDER STARTING WITH REFERENCE PERSON ON LINE LETTER A. THEN ASK Qs 10-16 IN SEQUENCE FOR EACH PERSON.

CODER USE ONLY:

|_|_|

LINE LETTER: | A |

LINE LETTER: |_|_|

<p>10. Looking at this card, what is the highest grade or year of regular school (you have/<u>NAME</u> has) ever completed? (CIRCLE CODE FOR HIGHEST GRADE OR YEAR.)</p> <div style="border: 1px solid black; padding: 2px; width: fit-content;">HAND CARD H1</div>	<p>NEVER ATTENDED SCHOOL OR KINDERGARTEN ONLY: 00</p> <p>ELEMENTARY: 01 02 03 04 05 06 07 08</p> <p>HIGH SCHOOL: 09 10 11 12 or GED</p> <p>COLLEGE: 13 14 15 16 17+ (1) (2) (3) (4) (5+)</p>	<p>NEVER ATTENDED SCHOOL OR KINDERGARTEN ONLY: 00</p> <p>ELEMENTARY: 01 02 03 04 05 06 07 08</p> <p>HIGH SCHOOL: 09 10 11 12 or GED</p> <p>COLLEGE: 13 14 15 16 17+ (1) (2) (3) (4) (5+)</p>
<p>11. Last week, did (you/<u>NAME</u>) work at all at a paid job or in (your/<u>NAME</u>'s) own business or farm?</p>	<p>YES 1 (Q13) NO 2</p>	<p>YES 1 (Q13) NO 2</p>
<p>12. (Do you/Does <u>NAME</u>) have a paid job from which (you were/<u>NAME</u> was) temporarily absent?</p>	<p>YES 1 (Q14) NO 2 (Q16)</p>	<p>YES 1 (Q14) NO 2 (Q16)</p>
<p>13. How many hours did (you/<u>NAME</u>) work at all jobs in the last week? Include all overtime hours that (you/<u>NAME</u>) worked and hours on any part-time jobs as well as (your/<u>NAME</u>'s) principal job.</p>	<p> _ _ _ # OF HOURS</p>	<p> _ _ _ # OF HOURS</p>
<p>14. How many hours a week (do (you/does <u>NAME</u>) usually work?</p>	<p> _ _ _ # OF HOURS</p>	<p> _ _ _ # OF HOURS</p>
<p>15. Which of the categories on this card comes closest to describing the paid work (you do/<u>NAME</u> does).</p> <div style="border: 1px solid black; padding: 2px; width: fit-content;">HAND CARD H2</div>	<p>01 02 03 04 05 06 07 08 (NP or Q17)</p>	<p>01 02 03 04 05 06 07 08 (NP or Q17)</p>
<p>16. Which of the reasons on this card best describes why (you were/<u>NAME</u> was) not working at a paid job last week? (CIRCLE ONLY ONE CODE)</p> <div style="border: 1px solid black; padding: 2px; width: fit-content;">HAND CARD H3</div>	<p>LOOKING FOR WORK01 GOING TO SCHOOL02 KEEPING HOUSE03 RETIRED04 UNABLE TO WORK05 OTHER (SPECIFY)06</p> <p>_____</p> <p>_____ _ _ </p>	<p>LOOKING FOR WORK01 GOING TO SCHOOL02 KEEPING HOUSE03 RETIRED04 UNABLE TO WORK05 OTHER (SPECIFY)06</p> <p>_____</p> <p>_____ _ _ </p>

_____ LINE LETTER: __	_____ LINE LETTER: __	_____ LINE LETTER: __
NEVER ATTENDED SCHOOL OR KINDERGARTEN ONLY: 00 ELEMENTARY: 01 02 03 04 05 06 07 08 HIGH SCHOOL: 09 10 11 12 or GED COLLEGE: 13 14 15 16 17+ (1) (2) (3) (4) (5+)	NEVER ATTENDED SCHOOL OR KINDERGARTEN ONLY: 00 ELEMENTARY: 01 02 03 04 05 06 07 08 HIGH SCHOOL: 09 10 11 12 or GED COLLEGE: 13 14 15 16 17+ (1) (2) (3) (4) (5+)	NEVER ATTENDED SCHOOL OR KINDERGARTEN ONLY: 00 ELEMENTARY: 01 02 03 04 05 06 07 08 HIGH SCHOOL: 09 10 11 12 or GED COLLEGE: 13 14 15 16 17+ (1) (2) (3) (4) (5+)
YES 1 (Q13) NO 2	YES 1 (Q13) NO 2	YES 1 (Q13) NO 2
YES 1 (Q14) NO 2 (Q16)	YES 1 (Q14) NO 2 (Q16)	YES 1 (Q14) NO 2 (Q16)
__ __ __ # OF HOURS	__ __ __ # OF HOURS	__ __ __ # OF HOURS
__ __ __ # OF HOURS	__ __ __ # OF HOURS	__ __ __ # OF HOURS
01 02 03 04 05 06 07 08 (NP or Q17)	01 02 03 04 05 06 07 08 (NP or Q17)	01 02 03 04 05 06 07 08 (NP or Q17)
LOOKING FOR WORK01 GOING TO SCHOOL02 KEEPING HOUSE03 RETIRED04 UNABLE TO WORK05 OTHER (SPECIFY)06 _____ _____ __ __	LOOKING FOR WORK01 GOING TO SCHOOL02 KEEPING HOUSE03 RETIRED04 UNABLE TO WORK05 OTHER (SPECIFY)06 _____ _____ __ __	LOOKING FOR WORK01 GOING TO SCHOOL02 KEEPING HOUSE03 RETIRED04 UNABLE TO WORK05 OTHER (SPECIFY)06 _____ _____ __ __

17. In regard to this dwelling, is the property . . .

owned or being bought by
someone living in this household, 1
rented with payment required, or 2
occupied without payment of rent
required? 3

18.



Looking at this card, what is the main source of the water used for cooking in your home? Is it . .

the community water supply, 1
your own well or rain cistern, 2
your own spring or a public spring, 3
bottled water you purchase, or 4
something else? (SPECIFY) 5

1 1 1

19.



What is the main source of the water used in your home for preparing beverages such as coffee, tea, juices, and baby formula? (Is it . .

the community water supply, 1
your own well or rain cistern, 2
your own spring or a public spring, 3
bottled water you purchase, or 4
something else?) (SPECIFY) 5

1 1 1

20.



What is the main source of plain drinking water in your home? (Is it . .

the community water supply, 1
your own well or rain cistern, 2
your own spring or a public spring, 3
bottled water you purchase, or 4
something else?) (SPECIFY) 5

1 1 1

21. Returning to the topic of food, who usually plans the meals? (RECORD FIRST NAME AND LINE LETTER FROM SCREENER. IF NOT A HOUSEHOLD MEMBER, ENTER "Y" AS THE LINE LETTER.)

IF ALL HOUSEHOLD MEMBERS, ENTER "Z" HERE: |__| AND GO TO NEXT QUESTION.

NAME: _____

LINE LETTER: |__|

NAME: _____

LINE LETTER: |__|

NAME: _____

LINE LETTER: |__|

22. Who usually does the major food shopping? (RECORD FIRST NAME AND LINE LETTER FROM SCREENER. IF NOT A HOUSEHOLD MEMBER, ENTER "Y" AS THE LINE LETTER.)

IF ALL HOUSEHOLD MEMBERS, ENTER "Z" HERE: |__| AND GO TO NEXT QUESTION.

NAME: _____

LINE LETTER: |__|

NAME: _____

LINE LETTER: |__|

NAME: _____

LINE LETTER: |__|

23. And who usually prepares the food? (RECORD FIRST NAME AND LINE LETTER FROM SCREENER. IF NOT A HOUSEHOLD MEMBER, ENTER "Y" AS THE LINE LETTER.)

IF ALL HOUSEHOLD MEMBERS, ENTER "Z" HERE: |__| AND GO TO NEXT QUESTION.

NAME: _____

LINE LETTER: |__|

NAME: _____

LINE LETTER: |__|

NAME: _____

LINE LETTER: |__|

24. Is anyone in this household on any kind of diet either to lose weight or for some other health-related reason?

YES 1
NO 2 (BOX 1)

25.



Which of these diets on this card (are/is) (you/he/she/they) on? (CIRCLE ALL THAT APPLY)

WEIGHT LOSS OR LOW CALORIE DIET 01
LOW FAT OR CHOLESTEROL DIET 02
LOW SALT OR SODIUM DIET 03
SUGAR FREE OR LOW SUGAR DIET 04
LOW FIBER DIET 05
HIGH FIBER DIET 06
DIABETIC DIET 07
OTHER DIET (PLEASE DESCRIBE) 08

BOX 1

CHECK SCREENER. ARE THERE ANY **FEMALES** IN THE HOUSEHOLD **10 THROUGH 55 YEARS** OF AGE?

YES 1 (Q26)
NO 2 (BOX 2)

26. Is anyone in this household now pregnant?

YES 1
NO 2 (BOX 2)

27. Please tell me who. (RECORD FIRST NAME AND LINE LETTER FROM SCREENER.)

NAME: _____

LINE LETTER: |__|

NAME: _____

LINE LETTER: |__|

28. How many months pregnant (are you/is NAME)?

|__| |__| MONTHS PREGNANT

LESS THAN ONE MONTH 00

|__| |__| MONTHS PREGNANT

LESS THAN ONE MONTH 00

BOX 2

CHECK SCREENER. ARE THERE ANY **CHILDREN** IN THE HOUSEHOLD **3 YEARS OLD OR LESS**?

YES 1 (Q29)
NO 2 (Q32)

29. Are any children currently being breast fed?

YES 1
NO 2 (Q32)

30. Please tell me who. (RECORD FIRST NAME AND LINE LETTER FROM SCREENER.)

NAME: _____

LINE LETTER: |__|

NAME: _____

LINE LETTER: |__|

31. Please tell me the name of the woman who is breast feeding (CHILD). (RECORD FIRST NAME AND LINE LETTER FROM SCREENER FOR EACH CHILD.)?

NAME: _____

LINE LETTER: |__|

NAME: _____

LINE LETTER: |__|

32. Is anyone in this household receiving benefits under the WIC Program at the present time? (That is the Women, Infants and Children Program.)

YES 1
NO 2
DON'T KNOW 8 } (BOX 3)

33. Please tell me who in this household is receiving WIC benefits. (RECORD FIRST NAME AND LINE LETTER FROM SCREENER.)

NAME: _____

LINE LETTER: |__|

NAME: _____

LINE LETTER: |__|

NAME: _____

LINE LETTER: |__|

NAME: _____

LINE LETTER: |__|

NAME: _____

LINE LETTER: |__|

34. How long (have you/has NAME) been receiving WIC benefits?

|__| |__| MONTHS 1
OR

|__| |__| YEARS 2

|__| |__| MONTHS 1
OR

|__| |__| YEARS 2

|__| |__| MONTHS 1
OR

|__| |__| YEARS 2

|__| |__| MONTHS 1
OR

|__| |__| YEARS 2

|__| |__| MONTHS 1
OR

|__| |__| YEARS 2

BOX 3

CHECK SCREENER. ARE THERE ANY CHILDREN IN THE HOUSEHOLD AGE
5 THROUGH 18 YEARS? (REMEMBER TO INCLUDE 18 YEAR OLDS)

YES 1 [RECORD FIRST NAME AND LINE LETTER IN GRID BELOW.
THEN ASK Qs 35-41 IN SEQUENCE FOR EACH CHILD.]

NO 2 (BOX 4)

CODER USE ONLY:

|_|_|

NAME: _____

LINE LETTER: |_|_|

NAME: _____

LINE LETTER: |_|_|

NAME: _____

LINE LETTER: |_|_|

Now I would like to ask about school breakfast and lunch programs.

35. Does (NAME) attend a kindergarten, grade school, junior or high school?	YES 1 NO 2 (NP)	YES 1 NO 2 (NP)	YES 1 NO 2 (NP)
36. Does (NAME) attend a school which serves school lunches? These are <u>complete</u> lunches costing a <u>fixed price every day</u> .	YES 1 NO 2 (Q39)	YES 1 NO 2 (Q39)	YES 1 NO 2 (Q39)
37. During the school year, approximately how many times a week does (NAME) usually get a complete school lunch?	TIMES PER: _ _ WEEK1 OR _ _ MONTH ..2 NONE0 (Q39)	TIMES PER: _ _ WEEK1 OR _ _ MONTH ..2 NONE0 (Q39)	TIMES PER: _ _ WEEK1 OR _ _ MONTH ..2 NONE0 (Q39)
38. Does (NAME) get these lunches free, at a reduced price or does (NAME) pay full price?	FREE 1 REDUCED PRICE 2 FULL PRICE 3 DON'T KNOW 8	FREE 1 REDUCED PRICE 2 FULL PRICE 3 DON'T KNOW 8	FREE 1 REDUCED PRICE 2 FULL PRICE 3 DON'T KNOW 8
39. Does (NAME) attend a school which serves a <u>complete</u> breakfast costing a <u>fixed price every day</u> ?	YES 1 NO 2 (NP)	YES 1 NO 2 (NP)	YES 1 NO 2 (NP)
40. During the school year, approximately how many times a week does (NAME) usually get a complete breakfast at school?	TIMES PER: _ _ WEEK1 OR _ _ MONTH ..2 NONE0 (NP)	TIMES PER: _ _ WEEK1 OR _ _ MONTH ..2 NONE0 (NP)	TIMES PER: _ _ WEEK1 OR _ _ MONTH ..2 NONE0 (NP)
41. Does (NAME) get these breakfasts free, at a reduced price or does (NAME) pay full price?	FREE 1 REDUCED PRICE 2 FULL PRICE 3 DON'T KNOW 8	FREE 1 REDUCED PRICE 2 FULL PRICE 3 DON'T KNOW 8	FREE 1 REDUCED PRICE 2 FULL PRICE 3 DON'T KNOW 8

NAME: _____ LINE LETTER: __	NAME: _____ LINE LETTER: __	NAME: _____ LINE LETTER: __	NAME: _____ LINE LETTER: __
---------------------------------	---------------------------------	---------------------------------	---------------------------------

YES 1 NO 2 (NP)	YES 1 NO 2 (NP)	YES 1 NO 2 (NP)	YES 1 NO 2 (NP)
YES 1 NO 2 (Q39)	YES 1 NO 2 (Q39)	YES 1 NO 2 (Q39)	YES 1 NO 2 (Q39)
TIMES PER: _ WEEK1 OR _ MONTH ..2 NONE0 (Q39)	TIMES PER: _ WEEK1 OR _ MONTH ..2 NONE0 (Q39)	TIMES PER: _ WEEK1 OR _ MONTH ..2 NONE0 (Q39)	TIMES PER: _ WEEK1 OR _ MONTH ..2 NONE0 (Q39)
FREE 1 REDUCED PRICE 2 FULL PRICE 3 DON'T KNOW 8	FREE 1 REDUCED PRICE 2 FULL PRICE 3 DON'T KNOW 8	FREE 1 REDUCED PRICE 2 FULL PRICE 3 DON'T KNOW 8	FREE 1 REDUCED PRICE 2 FULL PRICE 3 DON'T KNOW 8
YES 1 NO 2 (NP)	YES 1 NO 2 (NP)	YES 1 NO 2 (NP)	YES 1 NO 2 (NP)
TIMES PER: _ WEEK1 OR _ MONTH ..2 NONE0 (NP)	TIMES PER: _ WEEK1 OR _ MONTH ..2 NONE0 (NP)	TIMES PER: _ WEEK1 OR _ MONTH ..2 NONE0 (NP)	TIMES PER: _ WEEK1 OR _ MONTH ..2 NONE0 (NP)
FREE 1 REDUCED PRICE 2 FULL PRICE 3 DON'T KNOW 8	FREE 1 REDUCED PRICE 2 FULL PRICE 3 DON'T KNOW 8	FREE 1 REDUCED PRICE 2 FULL PRICE 3 DON'T KNOW 8	FREE 1 REDUCED PRICE 2 FULL PRICE 3 DON'T KNOW 8

BOX 4

**CHECK SCREENER. ARE THERE ANY CHILDREN IN THE HOUSEHOLD AGE 1 THROUGH 5 YEARS?
(REMEMBER TO INCLUDE 5 YEAR OLDS)**

YES 1 [RECORD FIRST NAME AND LINE LETTER BELOW.
THEN ASK Q42.]

NO 2 (Q43)

CODER USE ONLY:

|_|_|_|

NAME:

NAME:

NAME:

NAME:

LINE LETTER:

LINE LETTER:

LINE LETTER:

LINE LETTER:

|_|

|_|

|_|

|_|

42. Does (NAME) attend a child care program which gives (NAME) any meals or snacks?

YES 1
NO 2

YES 1
NO 2

YES 1
NO 2

YES 1
NO 2

43. Which of these statements best describes the food eaten in your household in the last 3 months—enough of the kinds of food we want to eat; enough but not always the kinds of food we want to eat; sometimes not enough to eat; or often not enough to eat?

ENOUGH OF THE KINDS OF FOOD WE WANT TO EAT 1 (BOX 5)

ENOUGH BUT NOT ALWAYS THE KINDS OF FOOD WE

WANT TO EAT 2 (BOX 5)

SOMETIMES NOT ENOUGH TO EAT 3

OFTEN NOT ENOUGH TO EAT 4

44. In which of the last three months did your household not have enough to eat? (CIRCLE ALL THAT APPLY.)

LAST MONTH 1

THE MONTH BEFORE LAST 2

TWO MONTHS BEFORE LAST 3

45. Which of the following reasons explain why your household did not have enough food:

- a. Did not have enough money, food stamps, or WIC vouchers to buy food or beverages.

YES 1

NO 2

- b. Did not have working appliances for storing or preparing foods (such as stove or refrigerator).

YES 1

NO 2

- c. Did not have transportation or had transportation problems.

YES 1

NO 2

- d. Some other reason?

YES (EXPLAIN)..... 1

.....

.....

NO 2

|_|_|

46. Last month, how many days did your household not have food, or money or food stamps to buy food?

|_|_|
NUMBER OF DAYS

BOX 5

CHECK COVER. WAS SCREENER Q14 ANSWERED "MORE" OR "LESS"?

YES 1 (Q48)
NO 2

47.

HAND
CARD
S3

SELECT CARD FOR NUMBER OF HOUSEHOLD MEMBERS. CARD SELECTED = S3-|_|_|.
Here is a card showing different sources from which households may receive income. Please think for a moment about the various sources from which the members of this household received income last year – during 1995.

Thinking about all of the sources of income, please tell me whether the total income received by the members of this household during 1995 was more or less than the amount at the bottom of this card.

LAST YEAR

MORE 1
LESS 2

48. Did any member of this household receive any income from their own business or farm in 1995?

LAST YEAR

YES 1
NO 2 (Q50)

49. What was the total net income after business expenses received in 1995 by all members of this household who have their own business or farm?

LAST YEAR

TOTAL NET INCOME \$|_|_|_|,|_|_|_|.00

50. Did any member of this household receive any income from interest, dividends, or annuities in 1995?

LAST YEAR

YES 1
NO 2 (Q52)

51. What was the total amount of income from interest, dividends, and annuities received in 1995 by all members of this household?

LAST YEAR

\$|_|_|_|,|_|_|_|.00

52. During 1995, approximately how much income from all sources did you and other household members have before income taxes? (Please give me your best estimate.)

LAST YEAR

TOTAL INCOME \$|_|_|_|_|_|_|_|_|_|_|.00 (Q54)
 NOT A HOUSEHOLD UNIT IN 1995999996 (Q54)
 REFUSED999997 (Q53)
 DON'T KNOW999998 (Q53)

53.

HAND
CARD
H6

Please tell me which letter on this card best represents your combined household income before taxes for 1995.

LAST YEAR

LETTER: |_|_|

54.

Now, consider cash, savings or checking accounts, stocks, bonds, mutual funds and certificates of deposit. Do the members of this household have more than \$5,000 of such savings or cash assets at this time?

YES 1 (Q56)
 NO 2

55.

HAND
CARD
H7

What letter on this card best represents the total savings or cash assets of all household members at this time?

LETTER: |_|_|

I'm now going to ask you a few questions about income received last month.

LAST MONTH	<p>56. HAND CARD H8 Here is a card that lists a number of income sources I'm going to ask about. Please tell me whether any member of this household received income in (NAME OF LAST MONTH) from (SOURCE).</p>	<p>57. What was the total income received in (NAME OF LAST MONTH) by all members of your household – <u>before taxes and other deductions</u> – from (SOURCE)?</p>
a. Wages or salary from a job including tips or commissions?	<p>YES 1 → NO 2</p>	<p>\$ _ _ _ , _ _ _ .00</p>
b. Any Social Security or Supplemental Security income?	<p>YES 1 → NO 2</p>	<p>\$ _ _ _ , _ _ _ .00</p>
c. Income from pension or retirement?	<p>YES 1 → NO 2</p>	<p>\$ _ _ _ , _ _ _ .00</p>
d. Unemployment or Workmen's Compensation?	<p>YES 1 → NO 2</p>	<p>\$ _ _ _ , _ _ _ .00</p>
e. AFDC, general assistance or other public assistance program? (Do not include food stamps or WIC benefits)	<p>YES 1 → NO 2</p>	<p>\$ _ _ _ , _ _ _ .00</p>
f. Other sources, such as alimony, child support, and other regular monthly contributions from persons not living in this household?	<p>YES 1 → NO 2</p>	<p>\$ _ _ _ , _ _ _ .00</p>

BOX D

CHECK Q56 AND Q57. IS THERE ANY RESPONSE OF DON'T KNOW OR REFUSED?

YES 1 (Q58)
NO 2 (Q59)

58. **HAND CARD H9** Would you please tell me whether the total income received by the members of this household during (NAME OF LAST MONTH) was more or less than the amount on this card next to the number (NUMBER OF MEMBERS IN THE HOUSEHOLD).

LAST MONTH

MORE 1
LESS 2

59. Did any member of your household receive food stamps in any of the last 12 months? [IF RESPONDENT IS UNCERTAIN, SAY: That is, from (NAME OF CURRENT MONTH) 1995 through (NAME OF LAST MONTH), 1996].

LAST 12 MONTHS

YES 1
NO 2
DON'T KNOW 8

60. Is anyone in your household authorized to receive food stamps at the present time? (An authorized person is one whose name appears on a certification card.)

YES 1
NO 2 (END)

61. Is everyone in your household covered under this food stamp allotment?

YES 1 (Q64)
NO 2

62. Which persons are covered?

NAME: _____	NAME: _____
LINE LETTER: __	LINE LETTER: __
NAME: _____	NAME: _____
LINE LETTER: __	LINE LETTER: __
NAME: _____	NAME: _____
LINE LETTER: __	LINE LETTER: __

63. HAND
CARD
H8 Think now just about these people, that is (READ NAMES IN Q62) and their income from the sources on this card. Approximately how much income from all sources did they have before taxes in (NAME OF LAST MONTH)? (Please give me your best estimate for just these people receiving food stamps.)

LAST
MONTH \$|_|_|_|_|_|_|_|_|.00

64. On about what date did your household last get food stamps?

|_|_|_|_|_|_|_| 19 |_|_|_|_|
MONTH DAY YEAR

HAVE NOT RECEIVED THEM YET969696 (END)
DON'T KNOW989898

65. What was the total amount of stamps you received at that time? (Please give your best estimate.)

\$|_|_|_|_|_|_|_|_|.00
DON'T KNOW999998

TIME ENDED _____ AM
PM

what we eat in **AMERICA** 1994-96

WHAT WE EAT IN AMERICA: 1994-1996
CONTINUING SURVEY OF FOOD INTAKES BY INDIVIDUALS

Conducted for:

United States Department of Agriculture

Conducted by:

Westat
1650 Research Blvd.
Rockville, MD 20850